

<b>SECTION 1</b>	1. Registrant Name:			7. Fleet Mailing Address:			12. IRP Account Number:		13. Fleet Number:		
	2. Fleet Street Address:		3. County:	8. County:		9. City:			14. US DOT Number:		15. IFTA License Number:
	4. City:	5. State:	6. Zip Code:	10. State:		11. Zip Code:			16. Taxpayer ID Number:		
	<b>SECTION 2</b>									17. Fleet Contact Person:	
<b>Jurisdiction</b>	<b>Mileage</b>	<b>Method</b>	<b>Jurisdiction</b>	<b>Mileage</b>	<b>Method</b>	<b>Jurisdiction</b>	<b>Mileage</b>	<b>Method</b>	18. Fleet Contact Person Telephone Number:		
Alberta		<b>AER</b>	Alaska		<b>NR</b>	Alabama		<b>AER</b>	19. Type of Carrier (check all that apply):		
Arkansas		<b>AER</b>	Arizona		<b>AER</b>	British Col.		<b>AER</b>	<input type="checkbox"/> Private Carrier <input type="checkbox"/> Household Goods Carrier		
California		<b>AER</b>	Colorado		<b>AER</b>	Connecticut		<b>AER</b>	<input type="checkbox"/> "For Hire" Carrier <input type="checkbox"/> Exempt Commodity Carrier (Common Carrier)		
Wash. D. C.		<b>AER</b>	Delaware		<b>AER</b>	Florida		<b>AER</b>	<b>SECTION 3</b>		
Georgia		<b>AER</b>	Iowa		<b>AER</b>	Idaho		<b>AER</b>	20. Please designate the appropriate year for the Mileage Reporting Periods of July 1, _____ through June 30, _____.		
Illinois		<b>AER</b>	Kansas		<b>AER</b>	Kentucky		<b>AER</b>	21. TOTAL INDIANA MILES		
Louisiana		<b>AER</b>	Massachusetts		<b>AER</b>	Manitoba		<b>AER</b>	<div></div>		
Maryland		<b>AER</b>	Maine		<b>AER</b>	Michigan		<b>AER</b>	22. If your Estimated Miles differ than those stated on Indiana's Estimated Mileage Chart, please attach a Schedule G.		
Minnesota		<b>AER</b>	Missouri		<b>AER</b>	Mississippi		<b>AER</b>	Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete, and correct, and I am providing proof of financial responsibility prior to affixing my signature hereto.		
Montana		<b>AER</b>	Mexico		<b>NR</b>	New Bruns.		<b>AER</b>	Signature of Owner or Responsible Officer      Title      Date		
N. Carolina		<b>AER</b>	N. Dakota		<b>AER</b>	Nebraska		<b>AER</b>	Name of your insurance company licensed in Indiana (not the agency or group)		
Newfoundland		<b>AER</b>	N. Hampshire		<b>AER</b>	New Jersey		<b>AER</b>	Policy Number      Insurance Company Phone Number		
New Mexico		<b>AER</b>	Nova Scotia		<b>AER</b>	Northwest T.		<b>AER</b>	Address of Insurance Company		
Nevada		<b>AER</b>	New York		<b>AER</b>	Ohio		<b>AER</b>			
Oklahoma		<b>AER</b>	Ontario		<b>AER</b>	Oregon		<b>AER</b>			
Pennsylvania		<b>AER</b>	Prince Ed. Is.		<b>AER</b>	Quebec		<b>NR</b>			
Rhode Island		<b>AER</b>	S. Carolina		<b>AER</b>	S. Dakota		<b>AER</b>			
Saskatchewan		<b>AER</b>	Tennessee		<b>AER</b>	Texas		<b>AER</b>			
Utah		<b>AER</b>	Virginia		<b>AER</b>						
Vermont		<b>AER</b>	Washington		<b>AER</b>	<b>Actual Miles</b>					
Wisconsin		<b>AER</b>	West Virginia		<b>AER</b>						
Wyoming		<b>AER</b>	Yukon Terr.		<b>NR</b>	<b>NR Miles</b>					

## Schedule B Instructions

### SECTION 1

**Line 1:** Enter the Registrant Name as it is registered with the Indiana Secretary of State or the Indiana Department of Revenue. (The IRP Unit will register the Applicant in the same name as registered with the Indiana Secretary of State or Indiana Department of Revenue.)

**Lines 2 through 6:** Enter the **Fleet** Street Address if different than the Indiana Business Street Address on the Schedule A.

**Lines 7 through 11:** Enter the **Fleet** Mailing Address if different than the Applicant Mailing Address on the Schedule A. Each **Fleet** may have an independent mailing address where credentials or other correspondence regarding the **Fleet** will be sent by the IRP Unit.

**Line 12:** Enter the Indiana IRP Account Number.

**Line 13:** Enter the Fleet Number.

**Line 14:** Enter the US DOT Number of the Registrant. All IRP Registrants are required to obtain a US DOT Number unique to the Registrant. The US DOT Number should be in the name in which the Registrant registered with the Indiana Secretary of State or Indiana Department of Revenue.

**Line 15:** Enter the International Fuel Tax License Number. The Registrant is responsible for providing proof of IFTA responsibility whether through the Registrant having an IFTA License or through a Lease Agreement.

**Line 16:** Enter the Taxpayer Identification Number of the Applicant. All business entities must register with the Indiana Department of Revenue and obtain a Taxpayer Identification Number.

**Line 17:** Enter the name of the person who is responsible for conducting the **Fleet's** business with the IRP Unit. If the Contact Person is not a listed Responsible Officer of the business entity, then a Power of Attorney is required, with the signature of a Responsible Officer and the Contact Person Designee.

**Line 18:** Enter the telephone number of the **Fleet** Contact Person.

**Line 19:** Enter the Type of Carrier. Please indicate all the Carrier Types that apply to this fleet.

### SECTION 2

For each IRP jurisdiction in which you traveled, enter the Total Mileage of the Fleet in the jurisdictions during the appropriate Mileage Reporting Period.

Please designate the mileage in the "Method" column by filling in the appropriate A, E, or R.

Indicate "A" for Actual Miles.  
Indicate "E" for Estimated Miles.  
Indicate "R" for Reported Miles.

### SECTION 3

**Line 20:** Enter the year for the Mileage Reporting Period the miles are being reported.

**Line 21:** Enter the Total Miles for Indiana whether Actual Miles or Estimated Miles.

**Line 22:** Please submit a Schedule G with a detailed "Plan of Operation."

The Schedule B must be signed, in INK, by the responsible person. Please include the job title and date.

Print or type the full name of your insurance company licensed in Indiana (not the agency or group). Enter your policy number.

Print or type the address and telephone number of your insurance company.

Effective January 1, 1983, Indiana law requires every Motor Vehicle registered in the State of Indiana to have proof of Financial Responsibility.

Proof of Financial Responsibility includes one of the following:

1. Motor vehicle's insurance policy
2. Self insurance (certificate from BMV required)
3. Indiana Motor Carrier Authority Number (IMCA) (PSCI)
4. \$40,000 in securities or cash deposited with the Treasurer of Indiana

**NOTE:** If qualified under 2 or 3, place your IMCA number or certificate of self-insurance number in the policy number area on the front of this form.

If qualified under 4, place the word "BOND" in the insurance company name area on the front of this form.

**Falsification of this information will subject you to a jail term of up to two (2) years, a fine of up to \$10,000 and suspension of the individual's driver's license for a period of up to one year.**